DSS-AA-677-01/06

APPLICATION ASSISTANCE INTAKE FORM

Date: _____

Client Name: _____
First MI Last

Address: _____

City/State/Zip: _____

Telephone Number: _____

Date of Birth: _____

Soc. Sec. # _____

Do you receive Medicare Part A, B, or D benefits?
Yes __ No __

Sex: _____

Married ____ Single _____ Widowed _____

# of individuals in household: _____

Gross Yearly Household Income: $_____

List where you receive your income (**include spouse's income**) as well as the $ amounts:

Social Security: _____

Soc. Sec. Disability: _____

Unemployment: _____

Wages: _____

Other: _____

Savings/Checking/CD balance: $_____

Physician: _____
First MI Last

Clinic: _____

Street Address: _____
(DO NOT use PO Box)

City/State/Zip: _____

Telephone Number: _____

¬ **I authorize any health professional to release to the Application Assistance program, any information with respect to myself that may be related to the Application Assistance application, including any relevant review of drug therapy. I declare and affirm under the penalties of perjury, that this information has been examined by me and to the best of my knowledge and belief, is in all things true and correct.**

Client's Signature _____ Date: _____

Mail this Intake and 6 month pharmacy printout to the address listed below:

Mike Jockheck, Adult Services & Aging, 700 Governors Drive, Pierre SD 57501-2291
Toll Free Number - 1-866-854-5465

If you are assisting with the completion of this Intake Form and applications; please list your name, address and telephone number below.

Name: _____ Phone Number: _____

Eligibility Criteria	**Income Guidelines**		**Asset Guidelines**
South Dakota Resident	Single Person	$18,000 yearly	$ 8,000
No Prescription coverage	Couple	$24,000 yearly	$ 12,000

** Incomplete application will delay processing.

Please list medications on reverse side

List below all medication, dosage, form, how often and why you are taking.

Drug	Mg.	Frequency	Form	Why are you taking?	How long have you taken?
Example Pepcid	20 mg.	1 a day	Tab	Ulcers	2 years